

| | | | |
|---|--|--|-------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i> | | Docket Number (Optional) CAMU-P01-002 | |
| Application Number 10/586,015 | | Filed August 4, 2008 | |
| For CELLULAR LABELING FOR NUCLEAR MAGNETIC RESONANCE TECHNIQUES | | | |
| Art Unit 1618 | | Examiner J.R. Samala | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | | <u>Fee</u> | <u>Small Entity Fee</u> |
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$120 | \$60 \$ |
| <input checked="" type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$460 | \$230 \$ 230.00 |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$1050 | \$525 \$ |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$1640 | \$820 \$ |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$2230 | \$1115 \$ |
| <input checked="" type="checkbox"/> | Applicant claims small entity status. See 37 CFR 1.27. | | |
| <input type="checkbox"/> | A check in the amount of the fee is enclosed. | | |
| <input type="checkbox"/> | Payment by credit card. Form PTO-2038 is attached. | | |
| <input checked="" type="checkbox"/> | The Director has already been authorized to charge fees in this application to a Deposit Account. | | |
| <input checked="" type="checkbox"/> | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1945 . I have enclosed a duplicate copy of this sheet. | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| I am the | <input type="checkbox"/> | applicant/inventor. | |
| | <input type="checkbox"/> | assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | |
| | <input type="checkbox"/> | attorney or agent of record. Registration Number | |
| | <input checked="" type="checkbox"/> | attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 61,156 | |
| _____/Ryan Murphey/_____ Signature | | _____ August 15, 2011 Date | |
| _____ Ryan Murphey, J.D., Ph.D. Typed or printed name | | _____ (212) 596-9000 Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input checked="" type="checkbox"/> | Total of 1 forms are submitted. | | |